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Bib Data Sheet

CONFIRMATION NO. 8055

SERIAL NUMBER 10/068,169	FILING DATE 02/05/2002 RULE	CLASS 705	GROUP ART UNIT 2161	ATTORNEY DOCKET NO. 5197-000001
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**APPLICANTS:**

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**\*\* CONTINUING DATA** *PR***\*\* FOREIGN APPLICATIONS** *PR*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..**  
**\*\* 03/01/2002**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MI	SHEETS DRAWING 11	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>DR</i>	Initials			

**ADDRESS**

27572

**TITLE**

Method for providing media consumers with total choice and total control

FILING FEE RECEIVED 511	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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